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CONFIRMATION NO. 3489

|  |   |                               |   |  |
|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/827,003   | <b>FILING OR 371(c) DATE</b><br>04/19/2004<br><b>RULE</b>   | <b>CLASS</b><br>210           | <b>GROUP ART UNIT</b><br>1724   | <b>ATTORNEY DOCKET NO.</b><br>STANFORD.UTL |
| <b>APPLICANTS</b><br>James D. Stanford, Conyers, GA;<br>W. Neal Stanford, Conyers, GA;   |   |                               |   |  |
| <div>none, us</div> <div>none, us</div> <b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br><b>** 06/26/2004</b>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Allowance <i>M. Savage</i><br>Acknowledged Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>GA | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>23                  |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>2             |
| <b>ADDRESS</b><br>30184  |   |                               |   |  |
| <b>TITLE</b><br>Online poultry reprocessing tablet chlorination system and method  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>412  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |